Approved for Jise through 7/31/2006. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE FFF BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S OR X \$ = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE RATE ADDI-ADDI-**IENDMENT AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR X \$ Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **PRFVIOUSLY EXTRA AFTFR TIONAL** TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus AMENDM X \$ OR X \$ Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENT PREVIOUSLY TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE Total Minus ENDM (37 CFR 1.18(c)) X S X \$ OR Independent (37 CFR 1.16(b)) Minus = OR ξ \_ - -FIRST PRESENTATION OF MULTIPLE DEPENDENT-CLAIM - (37 CFR 1.16(d))-+ 5 OR TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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